

# Form 31 - Reproductive History Questionnaire

#### MARKING INSTRUCTIONS

- Use a No. 2 pencil only.
- Darken the oval completely next to the answer you choose.
- Erase cleanly any marks you wish to change.
- Do not make any stray marks on this form.



CORRECT MARK

INCORRECT MARKS

• For questions where you write in a number, write the number in the box provided. Then mark the corresponding oval to the right.

Example: If your age is 59:

| |5|9]

10 20 30 40 50 60 70 80 90

0

1 2 3 4 5 6 7 8 9

Public reporting for this collection of information is estimated to average 10 minutes, including the time for reviewing instructions, gathering needed information and completing and reviewing the questionnaire. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: PHS Reports Clearance Officer, Rm. 721-B, Humphrey Building, 200 Independence Ave., SW, Washington, D.C. 20201, ATTN: PRA; and to Office of Management and Budget, Paperwork Reduction Project (0925-0414), Washington, D.C. 20503. Do not return the completed form to either of these addresses.

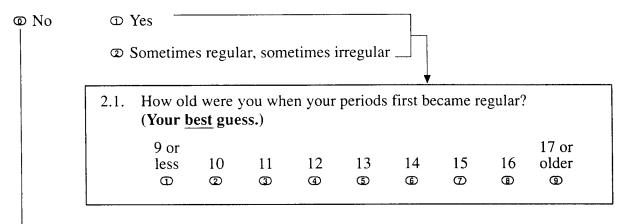
C	FFICE USE ONLY	1. Date Received:	
S	·	Month Day Year	M ① ② ③ ④ ⑤ ⑤ ⑦ ⑥ ⑨ ⑩ ⑪ ⑫  D ① ② ③ ⑥ ⑦ ⑥ ⑤ ⑦ ⑥ ⑨  Y ④ ⑤ ⑥ ⑨ ⑥ ⑨ ⑥
<b>•</b>		2. Reviewed By:	നത്ത നാമാതാതെതെതെയെയ നമാവധെ ഒരെ നായ
L BETWEEN LINES	вав соре непе	3. Contact Type:  ① Phone ② Mail ③ Visit ④ Other	4. Visit Type:  ① Screening ② Semi-Annual ③ Annual ③ Non Routine
AFFIX LABEL	ВАВ	5. Form Administration: ① Self ② Group ③	Interview
•			■■○○■○○○○ 291403 D MARKS IN THIS AREA

The following questions ask about your monthly periods (menses) and child bearing history. We are very interested in this information so that we can understand more about women's reproductive lives and their health. Some of the questions ask you to give ages when certain things happened. If you're not sure about the exact age, please give your best guess.

1. How old were you when you had your first menstrual period (menses)?

9 or								17 or
less	10	11	12	13	14	15	16	older
· ①	2	3	4	(5)	<b>©</b>	7	(3)	<b>9</b>

2. During most of your life, were your periods regular; that is, did they occur about once a month? (Do not include any time when you were pregnant or taking birth control pills.)



3. How old were you when you last had <u>regular</u> menstrual bleeding (a period)? (Your <u>best</u> guess.) (If you are still having regular bleeding or periods, enter your current age.)

		10	20	30	40	50	60	70	80	
	years old	0	0	0	0	0	0	0	0	
		1	2	3	4	5	6	7	8	9
		0	$\bigcirc$		$\bigcirc$		$\bigcirc$	$\bigcirc$	$\bigcirc$	$\subset$

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	periods for  © No	at least one year? (Do not count times when you were pregnant or breastfeeding  O Yes
		4.1. Between your first menstrual period and your last, all together, about how long did you go without having your period? (Again, do not count times when you were pregnant or breastfeeding.) (Mark one oval.)  © Less than 12 months
		② 12 to 23 months
		② 24 months (2 years) to 48 months (4 years)
		© More than 4 years
		Whole than 4 years
	<b>\</b>	
5.		ere you when you last had any menstrual bleeding? (If you are still having bleeding or periods, enter your current age.)
		10 20 30 40 50 60 70 80  1 2 3 4 5 6 7 8 9
6.	Have you e	ever had menopausal symptoms, such as hot flashes or night sweats?
	© No	① Yes
		6.1. How old were you when you <u>first</u> had symptoms such as hot flashes or night sweats? (Your <u>best</u> guess.)
		years old  10 20 30 40 50 60 70 80  1 2 3 4 5 6 7 8 9  00000000
		6.2. How old were you when you <u>last</u> had symptoms such as hot flashes or night sweats? (If you are still having symptoms such as hot flashes or night sweats, enter your current age.)
		years old  10 20 30 40 50 60 70 80  1 2 3 4 5 6 7 8 9  00000000
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7.	Have you ever been pregnant? It is very important that we know about all of your pregnancies.
	including live births, stillbirths, miscarriages, tubals (ectopics), and abortions.

7 1	How many	times	have you	been pregnant?
/.1.	110w many	times .	mave you	occii pregnant.

8 or
1 2 3 4 5 6 7 more
1 2 3 4 5 6 7 more

7.2. Did you ever have a pregnancy that lasted at least 6 months?

# 7.3. How many of these pregnancies did you have?

8 or
1 2 3 4 5 6 7 more
1 2 3 4 5 6 7 for

### 7.4. How old were you at the <u>end</u> of the <u>first</u> of these pregnancies?

Less 45 or than 20 20-24 25-29 30-34 35-39 40-44 older Œ 2 **3 (4)** (5) **6**  $\bigcirc$ 

## 7.5. How old were you at the <u>end</u> of the <u>last</u> of these pregnancies?

Less 45 or than 20 20-24 25-29 30-34 35-39 40-44 older ① ② ③ ④ ⑤ ⑥ ⑦

Go on to Question 7.6.

For these next questions, please mark "None" if they don't apply to you.

7.6. How many live births did you have?

8 or 5 None 3 4 6 7 more **@**  $\odot$ 2 3 **4 ⑤** ூ  $\bigcirc$ **3** 

7.7. How many stillbirths (from a pregnancy lasting 6 months or more) did you have?

8 or None 1 2 3 7 4 5 6 more Œ 2 3 **( ⑤ ®** 

7.8. How many spontaneous miscarriages did you have?

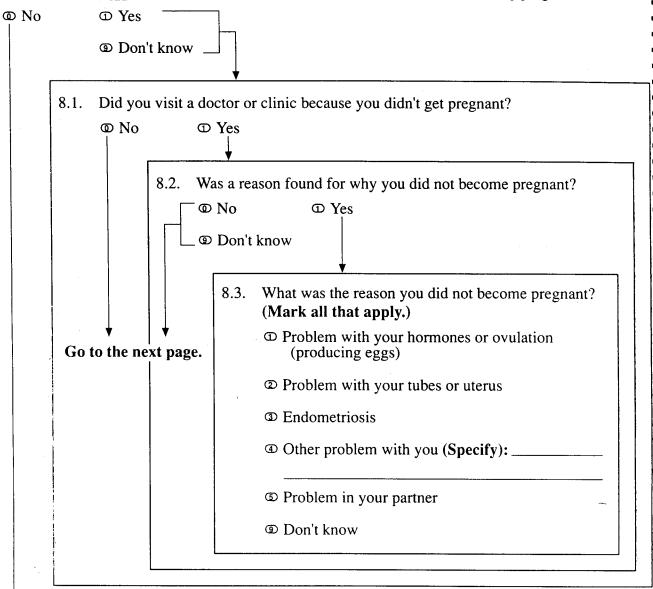
8 or None 1 2 3 4 5 6 7 more 0 Œ 2 3 **( ⑤ 6 3** 

7.9. How many tubal (ectopic) pregnancies did you have?

8 or None 1 2 3 4 5 6 7 more **@ 6 (D)** 2 3 **4 (5)**  $\bigcirc$ 3

Go to the next page.

8. Have you ever tried to become pregnant for more than 1 year without becoming pregnant?



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Ω	Did you	branctfood	or nurca	any children	for at	loact of	na manth
9.	- Dia von	breastreed	or nurse	any emigren	TOT AL	reast of	ne moni

@ No

① Yes

- 9.1. How many children did you breastfeed? 8 or 2 3 6 7 5 more Œ 2 3 **(4) ⑤ ©**  $\bigcirc$ (B)
- 9.2. How old were you when you first breastfed a child?

Less 45 or 30-34 35-39 than 20 20-24 25-29 40 - 44older Œ 2 3 **4 ⑤** ூ  $\bigcirc$ 

9.3. How old were you when you last breastfed a child?

Less 45 or than 20 20-24 25-29 30-34 35-39 40-44 older © ② ③ ④ ⑤ ⑤ ⑦

9.4. Thinking about all the children you breastfed, how many months <u>total</u> did you breastfeed? (Your best guess.)

□ 1-3 months

① 13-23 months

② 4-6 months

② 2-4 years (24-48 months)

③ 7-12 months

6 More than 4 years

10. Did you ever have an operation to have one or both of your ovaries taken out? (Mark one oval.)

@ No

- Yes, one was taken out
- ② Yes, both were taken out
- Yes, unknown number taken out
- Yes, part of an ovary was taken out
- ① Don't know \_\_\_\_\_

10.1. How old were you when you had your last operation to remove an ovary?

Less 60 or than 30 30-34 35-39 40-44 45-49 50-54 55-59 older **(D)** 2 3 **4 ⑤ ©**  $\bigcirc$ **®** 

11. Did you ever have an operation to have your tubes tied to prevent pregnancy?

© No © Yes

11.1. How old were you when you had your tubes tied?

Less 45 or than 30 30-34 35-39 40-44 older ① ② ③ ④ ⑤

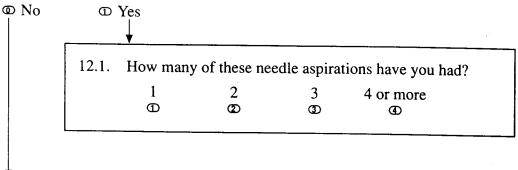
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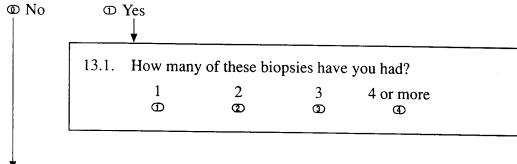
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PLEASE MAKE NO MARKS IN THIS AREA

12. Have you ever had a needle aspiration (where a doctor puts a needle in a lump in your breast and withdraws fluid or material)?



13. Have you ever had a breast biopsy (where a doctor removes part or all of a breast lump to check for cancer)?

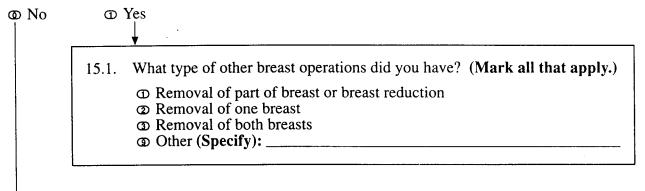


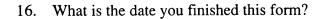
14. Did you ever have an operation to increase your breast size (breast augmentation) or have breast reconstruction using a breast implant?

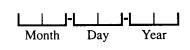
14.1.	How old were you whe	n you <u>first</u> had t	hat operat	ion?	
	Less than 30 30-34 35	5-39 40-44 © ©	45-49 ©	50-54	55 or older D
14.2.	Was this operation for t  Right breast Left breast Both breasts	he right breast,	left breast,	or both?	
14.3.	What type of breast imp	plant did you rec	ceive?		
	① Silicone or silicone ② Saline-filled ② Other (Specify): ② Don't know	gel-filled			

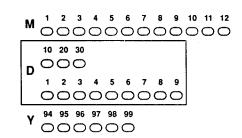
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Thank you. Please take a moment to review any questions you may have missed. Feel free to write any comments here:
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PLEASE MAKE NO MARKS IN THIS AREA